



COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF LABOR RELATIONS  
REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

*MCR-13-2777*

*04-24-13*

The petitioner hereby requests that the Division proceed under the authority of M.G.L. c.150E, Section 4 or M.G.L. c.150A, Section 5(c).

1. Type of petition (Check One)



Petition by or on behalf of Municipal Employees seeking certification or decertification of an Employee Organization (MCR).



Petition by or on behalf of Employees of the Commonwealth seeking certification or decertification of an Employee Organization (SCR).



Petition on behalf of a Municipal Employer seeking to resolve a claim of representation by one or more Employee Organizations (MCRE).



Petition on behalf of the Commonwealth seeking to resolve a claim of representation by one or more Employee Organizations (SCRE).



Petition by or on behalf of Private Employees seeking certification or decertification of an Labor Organization (CR).



Petition on behalf of a Private Employer seeking to resolve a claim of representation by one or more Labor Organizations (CRE).

2. Name of Employer

**Town of Carver**

3. Representative to contact

**Richard J. LaFond**

4. Telephone Number

**508-866-3401**

5. Address (street and No., city/town, state, and ZIP code)

**108 Main Street, Carver, MA 02330**

6. Fax Number

**508-866-4213**

7. Unit involved (attached additional sheets if necessary)

Included **Supervisory employees (see attached list)**

Excluded **See Attached list**

8a. No. of employees in Unit

**17**

8b. Are any of the employees included in the unit currently represented?

Yes ☐

No ☒

\*\*\* If you checked "yes" in question 8b, answer questions 9-16 and skip question 17 \*\*\*

\*\*\* If you checked "no" in question 8b, skip questions 9-16 and answer question 17 \*\*\*

9. Name of incumbent Employee Organization

10. Telephone Number

11. Is the petition supported by at least 50% of the employees in the Unit?

Yes ☐

No ☐

12. Address (street and no., city/town, state, and ZIP code)

13. Fax Number

14. Date on which the incumbent Employee Organization was first Recognized or Certified

15. Expiration date of most recent collective bargaining agreement

16. If the Incumbent Employee Organization was certified, Case No.

17. Is the petition supported by at least 30% of the employees in the Unit?

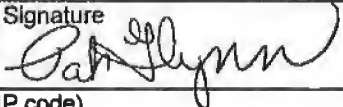
Yes ☒

No ☐

18. List any Employee Organization(s) (other than the Petitioner and the Employee Organization listed in question 9, if any) known to have an interest in representing the employees in the Unit		
Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
19. Name of Petitioner <b>AFSCME Council 93</b>	20. Representative to contact <b>Pat Glynn</b>	21. Telephone Number <b>617-367-6042</b>
22. Address (street and no., city/town, state, and ZIP code) <b>8 Beacon Street, 4th Floor, Boston, MA 02108</b>		23. Fax Number <b>617-367-6018</b>
*** Questions 24 and 24a relate only to Petitions filed pursuant to M.G.L. c.150E ***		
24. If the Petitioner is an Employee organization, has the Petitioner complied with the filing requirements of M.G.L. c.150E, §§13 and 14? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		24a. Last Date of Filing

#### DECLARATION

I have read the above petition and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.

Name (print) <b>Pat Glynn</b>	Signature 	Title (if any) <b>Dir of Strategic Plannin</b>
Address (street and no., city/town, state, and ZIP code) <b>8 Beacon St., 4th Floor, Boston, MA 02108</b>		Telephone Number <b>617-367-6042</b>

#### CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Petition on the following representative(s) of the opposing party(ies).

Employer		
Name <b>Richard J. LaFond</b>	Address (street and no., city/town, state, and ZIP code) <b>108 MAIN ST., CARVER, MA 02330</b>	Telephone Number <b>508-866-3401</b>
Method of Service <input type="checkbox"/> In hand <input checked="" type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____		
Incumbent Employee Organization (if any)		
Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
Method of Service <input type="checkbox"/> In hand <input type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____		
Signature of Person making Certification		Telephone Number

Petition for Written Majority Authorization

Town of Carver, MA Supervisory Employees

**Positions to be Included:**

Director of Assessing  
Facilities Director  
Emergency Management Director  
Deputy EMS Director  
DPW Maintenance Supervisor  
Conservation Agent  
Police Chief Administrative Assistant  
Director of Planning & Economic Development  
COA Site Manager (Chef)  
Children's Librarian  
Reference Librarian  
Library/COA Director  
Veteran's Agent  
Health Agent  
Building Commissioner/Inspector  
Emergency Medical Service Director  
Superintendent of Public Works

**Positions to be Excluded:**

Town Administrator  
Assistant to the Town Administrator  
Police Chief  
Fire Chief  
Deputy Fire Chief